NEW CURRICULA

Learning, teaching, and assessment programs

Advanced Training in Clinical Genetics

RACP
Specialists. Together

About this document

The new Advanced Training in Clinical Genetics curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Advanced Training in Clinical Genetics LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Clinical Genetics curriculum standards.

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Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as **17** learning goals. The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training.

BE	1. Professional behaviours
DO	2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management 6. Management of transitions in care 7. Longitudinal care 8. Communication with patients 9. Investigations 10. Clinic management
KNOW	11. Clinical sciences 12. Laboratory based clinical genomics 13. Cancer genetics 14. Common adult and paediatric genetic conditions 15. Subspecialty genetics 16. Genetic counselling 17. Metabolic genetics

LTA STRUCTURE

The learning, teaching, and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program.

The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.



Entry criteria

Prospective trainees must have:

- completed RACP Basic Training, including the Written and Clinical Examinations
- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand
- an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

1 training application

Learning

Minimum 36 months full-time equivalent (FTE) professional experience

Developmental and psychosocial training (PCH only)

1 rotation plan per rotation

1 university genetics course

1 logbook

2 case reports per phase

RACP Advanced Training Orientation resource

RACP Supervisor Professional Development Program

RACP Australian Aboriginal, Torres Strait Islander, and Māori Cultural Competence and Cultural Safety resource

RACP Health Policy, Systems, and Advocacy resource

Recommended resources

Teaching

2 supervisors per rotation

1 research project supervisor

Assessment

12 learning captures per phase

12 observation captures per phase

4 progress reports per phase

1 research project

About the program

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Overview of specialty

Clinical genetics involves the clinical assessment, diagnosis, genetic counselling, and management of individuals and families with genetic disorders and disease predispositions.

Clinical geneticists expertly diagnose complex genetic disorders while working as specialists on phenotyping and genetic syndromes. Educating patients on risks and inheritance, and driving the integration of advanced genetic and genomic diagnostics across all medical fields, clinical geneticists also:

- **conduct comprehensive investigations and assessments.** Clinical geneticists use a variety of investigations to diagnose and manage genetic diseases affecting each body system, making a broad clinical knowledge essential.
- **diagnose and manage patients and families with genetic conditions.** This includes drawing and interpreting family history data, conducting clinical examinations, and diagnosing genetic diseases using clinical evaluation and genetic testing. Following diagnosis, clinical geneticists formulate management plans to support patients and their families.
- **provide accurate information and effective genetic counselling** to individuals and families. This may include providing information on genetic risks, prevention methods, and liaising with support groups and other organisations.
- **facilitate genomic education,** upskilling, and uptake of genomics in liaison with genomic laboratories and adjacent medical subspecialties and primary care.
- **keep up with the latest advances** in precision medicine, including genomic diagnostics, research into novel genes and rare diseases, and gene therapies and clinical trials, working with the relevant specialities to do this while providing genetic input.
- **subspecialise** further in areas such as metabolic genetics and cancer genetics. There are also options for genetic pathology dual training, and many opportunities for genomic research in this rapidly expanding field.

Clinical geneticists are at the forefront of genomic advances, research, and precision medicine, and have a vital role in managing the counselling, psychosocial, and ethical aspects of new genetic diagnostics and technologies for patient care. As they provide patient- and family-centred care for genetic conditions, excellent verbal and written communication are core skills. Other essential skills include the ability to:

- **apply a scholarly approach.** Clinical geneticists conduct literature searches and use medical genetics databases, conduct research within the discipline, participate in teaching, and use genomic data for diagnostics and research.
- **work effectively as part of a multidisciplinary team** with other colleagues, providing genetic services in subspecialty medicine and genomic diagnostic laboratories. They liaise and work collaboratively with colleagues from other specialties, and work with lay organisations and consumer groups to support patients and families with genetic diseases.
- **understand ethical, legal, social, and cultural issues** in the context of clinical genetics and clinical, epidemiological, and laboratory research.

Supervising committee

The program is supervised by the Training Program Committee in Clinical Genetics.

Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Royal Australasian College of Physicians (FRACP).

Learning goals and progression criteria

Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

1	**Specialty foundation**	• Orient trainees and confirm their readiness to progress in the Advanced Training program.
2	**Specialty consolidation**	• Continue trainees' professional development in the specialty and support progress towards the learning goals.
3	**Transition to Fellowship**	• Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship. • Support trainees' transition to unsupervised practice.



Figure: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent (FTE) experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes	Prospective trainees can demonstrate:
	• a commitment and capability to pursue a career as a physician in clinical genetics
	• the ability and willingness to achieve the common learning goals for Advanced Training:
	  ○ team leadership
	  ○ supervision and teaching
	  ○ the professional behaviours, as outlined in the Competencies.

Entry criteria	Prospective trainees must have: • completed RACP Basic Training, including the Written and Clinical Examinations • general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand • an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the learning goal progression criteria.

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.

Learning goals

The curriculum standards are summarised as **17** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals that allow trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in **more than five domains** of professional practice	Needs to work on behaviour in **four or five domains** of professional practice	Needs to work on behaviour in **two or three domains** of professional practice	Needs to work on behaviour in **one domain** of professional practice	**Consistently** behaves in line with all 10 domains of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to **be present and observe**	Is able to **act with direct supervision**	Is able to **act with indirect supervision** (i.e., ready access to a supervisor)	Is able to **act with supervision at a distance** (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide	**Knows the topics and concepts** in this knowledge guide	**Knows how to apply** this knowledge to practice	**Frequently shows they apply** this knowledge to practice	**Consistently** demonstrates application of this knowledge to practice

		Entry criteria		Progression criteria		Completion criteria	
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship – clinical genetics *By the end of training, trainees will:*	Transition to Fellowship – cancer genetics *By the end of training, trainees will:*	Transition to Fellowship – metabolic genetics *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice	**Level 5** **consistently** behaves in line with all 10 domains of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others
	4. Quality improvement: Identify and address failures in health care delivery	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others
	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others

		Entry criteria		Progression criteria		Completion criteria	
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship – clinical genetics *By the end of training, trainees will:*	Transition to Fellowship – cancer genetics *By the end of training, trainees will:*	Transition to Fellowship – metabolic genetics *By the end of training, trainees will:*
	7. Longitudinal care: Manage and coordinate the longitudinal care of patients / families with genetic conditions	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others
	8. Communication with patients: Discuss diagnoses and management plans with patients	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others
	9. Investigations: Select, organise, and interpret investigations	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others
	10. Clinic management: Manage an outpatient clinic	**Level 1** be able to be present and observe	**Level 3** is able to **act with indirect supervision**	**Level 4** is able to **act with supervision at a distance**	**Level 5** be able to supervise others	**Level 5** be able to supervise others	**Level 5** be able to supervise others
Know	**11. Clinical sciences**	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	12. Laboratory based clinical genomics	**Level 1** has heard of some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice

		Entry criteria		Progression criteria		Completion criteria	
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship – clinical genetics *By the end of training, trainees will:*	Transition to Fellowship – cancer genetics *By the end of training, trainees will:*	Transition to Fellowship – metabolic genetics *By the end of training, trainees will:*
	13. Cancer genetics	**Level 1** has heard of some of the topics in this knowledge guide	**Level 1** has heard of some of the topics in this knowledge guide	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice	**Level 2** knows the topics and concepts in this knowledge guide
	14. Common adult and paediatric genetic conditions	**Level 1** has **heard of** some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice	**Level 3** knows how to apply this knowledge to practice	**Level 3** knows how to apply this knowledge to practice
	15. Subspecialty genetics	**Level 1** has **heard of** some of the topics in this knowledge guide	**Level 1** has **heard of** some of the topics in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 3** knows how to apply this knowledge to practice	**Level 3** knows how to apply this knowledge to practice
	16. Genetic counselling	**Level 1** has heard of some of the topics in this knowledge guide	**Level 2** knows the topics and concepts in this knowledge guide	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice
	17. Metabolic genetics	**Level 1** has heard of some of the topics in this knowledge guide	**Level 1** has heard of some of the topics in this knowledge guide	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice	**Level 2** knows the topics and concepts in this knowledge guide	**Level 5** consistently demonstrates application of this knowledge to practice

Developmental & psychosocial training (Paediatrics & Child Health Division)

Purpose

Developmental and psychosocial (D&P) training assists trainees to develop a sophisticated understanding of child development, encompassing physical, cognitive, emotional, behavioural, and social areas, which should be gained from the perspective of the child within the family and in the context of the community.

A mandatory period of D&P training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs. D&P training is a requirement for all paediatric trainees to receive FRACP and may be completed during either Basic or Advanced Training.

Review of D&P training

The College is working to redefine how D&P training will be embedded in the new training programs. This will include defining learning goals, and new options for trainees to achieve these learning goals, which will be embedded into the Basic and Advanced Training programs.

Alternative options for completing D&P training and a timeline for implementation will be communicated when available. New D&P requirements will be developed, and any updates will be included in the relevant curricula standards and learning, teaching, and assessment programs. Trainees and supervisors will be informed of updates with sufficient notice of any changes to ensure no disadvantage.

Until alternatives are available, **it is important that trainees plan to complete the requirement for D&P training through one of the time-based options currently available, to ensure eligibility for admission to Fellowship on completion of the requirements of Advanced Training.** Trainees must satisfactorily complete this requirement to be eligible for admission to Fellowship under the Paediatrics & Child Health Division.

Advanced Trainees in Clinical Genetics will satisfy the Developmental and Psychosocial Training requirement by completing all the requirements of the Clinical Genetics Advanced Training Program under supervision of the Training Program Committee – Clinical Genetics

Aotearoa New Zealand

Requirement
The D&P training requirement can be met by completing a 3-month FTE rotation in relevant specialties or by documenting the management of suitable cases in a logbook.
Options available
Option A: 3-month FTE rotation These specialties outline the suitable rotations to meet this requirement: • adolescent medicine • child protection and adolescent psychiatry • community paediatrics

- developmental / behavioural paediatrics
- disability / rehabilitation paediatrics.

These rotations are not suitable for D&P training:

- paediatric gastroenterology*
- paediatric neurology.**

* Exceptions may be possible if the rotation is specifically designed to have a D&P training focus. However, this would be unlikely in Basic Training and would require specific prospective approval.
** Rotation is usually not possible unless there is significant developmental focus. Not possible at SHO level.

These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and interrelationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Option B: documentation of suitable cases in a logbook

Alternatively, trainees can gain the required training by managing suitable cases over a longer period with appropriate supervision. All training must be documented in a logbook.

Trainees must keep a record of at least 12 cases they have personally managed under supervision.

Logbook entries must cover a range of conditions:

- developmental problems, with a focus on the response of parents, families, and caregivers to the diagnosis and ongoing care of the child with special needs
- pervasive developmental disorders
- general learning disability – the behaviour problems that arise secondary to this condition
- chronic illness – behavioural and psychological problems resulting from chronic illness, and parent and family difficulties resulting from chronic conditions, such as diabetes, epilepsy, chronic arthritis, chronic respiratory disease, physical disability and childhood cancer
- common behavioural paediatric problems such as enuresis, encopresis, sleep disturbance, eating difficulties, attention deficit and hyperactivity disorder, conduct disorder, anxiety, depression, and pre-school behavioural adjustment disorders.

Trainees are to provide a summary of the issues involved in each case and how they were managed. Copies of clinical letters are not appropriate.

Cases will generally accumulate over a 2-year period, and each case record must be signed by the supervisor.

Resources

Psychosocial Logbook example text (PDF)
Psychosocial Logbook template (XLS)

Australia

Requirement

D&P training is currently a time-based requirement consisting of a minimum of a 6-month FTE rotation in 1 or more of the following areas:

- child and adolescent psychiatry
- child protection
- community paediatrics
- developmental / behavioural paediatrics
- disability / rehabilitation paediatrics
- palliative medicine.

These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and interrelationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Options available

Option A: A prospectively approved psychosocial training position (6 months FTE)

This can be completed as:

- 2 x 3-month terms, or
- 1 x 6-month block, or
- a continuous part-time position, such as 2.5 days a week for 12 months (a conglomerate of experience for shorter time periods adding up to 6 months will not be accepted.)

Option B: A prospectively approved rural position (6 months FTE)

Complete the 6 months of training comprised of a documented weekly program in the psychosocial training areas with an appropriate level of supervision.

Option C: Attendance at a prospectively approved clinic AND completion of an approved learning module

The D&P training requirement can be completed in one of these formats:

- 2 x sessions a week for 18 months, or
- 1 x session a week for 3 years

An approved clinic is determined to be a clinic where other health and/or educational professionals are involved, and supervision is directed by a paediatrician who is experienced in one or multiple areas of D&P Training, such as behaviour, development, rehabilitation and child protection.

The approved learning module may be **1** of the following:

- evidence of attendance at a lecture series at a recognised institution, related to the D&P training areas; or
- 3 x referenced case reports / essays demonstrating comprehensive understanding of 3 different issues in the areas of psychosocial training – for example, rehabilitation or community paediatrics (1500 to 2000 words each); or
- completion of the Griffith Mental Developmental Scales course.
- Other prospectively approved modules may be considered.

Aotearoa New Zealand and Australia

How to complete it

Trainees must provide details of how they completed the D&P training requirement by submitting information via TMP as a learning theme.

To do this, trainees must:

1. Nominate the corresponding requirement option that was completed
2. Provide relevant supporting details. This may include:
    - referencing the rotation plan if the training was completed as part of an applicable subspecialty term
    - describing the approved rural or clinic-based setting
    - listing the approved learning module undertaken and associated evidence (e.g. attendance records, case reports)
    - upload completed documentation as required.

How to apply

Contact ClinicalGenetics@racp.edu.auto apply for approval of D&P training.

Resources

Developmental and Psychosocial Training Supervisor's Report form (DOC)

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months FTE professional experience	Minimum 12 months FTE during each phase.
D&P training (PCH only)*	Before the end of Advanced Training, if not completed during Basic Training. * Completion of the Developmental and Psychosocial Training requirement will be satisfied by completing all the requirements of the Clinical Genetics Advanced Training Program under supervision of the Training Program Committee – Clinical Genetics
1 university course	Before the end of Advanced Training.
1 logbook	Before the end of Advanced Training.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander, and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems, and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to Fellowship phase.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to Fellowship phase.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	
1 rotation plan per rotation	At the start of (or prior to starting) the rotation.
2 case reports	Minimum 1 every 6 months.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month.
12 observation captures	Minimum 1 per month.
4 progress reports	Minimum 1 every 3 months.

Entry

Training application

Requirement
1 x training application, at the start of the specialty foundation phase.
Purpose
The training application supports trainees to: • confirm they meet the program entry criteria • provide essential details for program enrolment, ensuring compliance with RACP standards • establish a formal foundation for their training pathway, enabling access to program resources and support. The application form will be reviewed by RACP staff. Trainees will be able to track the status of applications through the College's new Training Management Platform (TMP). Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.
How to apply
Trainees are to submit a training application for the program using TMP.

Learning

Learning blueprint

This high-level learning program blueprint outlines which of the learning goals the learning requirements *could align* and *will align* with.

	Professional Experience			Learning requirements		
Learning goals	**Core training**	**Non-core training**	**Laboratory training**	**Rotation plan**	**Approved university genetics course**	**Logbook**
1. Professional behaviours	Could align	Could align	Could align	Will align	x	Will align
2. Team leadership	Could align	Could align	Could align	x	x	x
3. Supervision and teaching	Could align	Could align	Could align	x	x	x
4. Quality improvement	Could align	Could align	Could align	x	x	Will align
5. Clinical assessment and management	Could align	Could align	Will align	x	x	Will align
6. Management of transitions in care	Could align	Could align	Could align	x	x	x
7. Longitudinal care	Could align	Could align	Could align	x	x	Will align
8. Communication with patients	Could align	Could align	Could align	x	x	x
9. Investigations	Could align	Could align	Will align	x	Could align	x
10. Clinic management	Could align	Could align	Could align	x	x	x
11. Clinical sciences	Will align	Could align	Could align	x	Will align	x
12. Laboratory based clinical genomics	Will align	Could align	Will align	x	Will align	x
13. Cancer genetics	Could align	Could align	Could align	x	x	Will align
14. Common adult and paediatric genetic conditions	Could align	Could align	Could align	x	x	Will align

	Professional Experience			Learning requirements		
Learning goals	**Core training**	**Non-core training**	**Laboratory training**	**Rotation plan**	**Approved university genetics course**	**Logbook**
15. Subspecialty genetics	Could align	Could align	Could align	x	x	Will align
16. Genetic counselling	Could align	Could align	Could align	x	x	Will align
17. Metabolic medicine	Could align	Could align	Could align	x	x	Will align

	Learning requirements			
Learning goals	**RACP Advanced Training Orientation resource**	**RACP Supervisor Professional Development Program**	**RACP Australian Aboriginal, Torres Strait Islander, and Māori Cultural Competence and Cultural Safety resource**	**RACP Health Policy, Systems, and Advocacy resource**
1. Professional behaviours	Will align	Will align	Will align	Will align
2. Team leadership	x	x	x	x
3. Supervision and teaching	x	Will align	x	x
4. Quality improvement	x	x	x	x
5. Clinical assessment and management	x	x	x	x
6. Management of transitions in care	x	x	x	x
7. Longitudinal care	x	x	x	x
8. Communication with patients	x	x	x	x
9. Investigations	x	x	x	x
10. Clinic management	x	x	x	x
11. Clinical sciences	x	x	x	x
12. Laboratory based clinical genomics	x	x	x	Will align
13. Cancer genetics	x	x	x	x
14. Common adult and paediatric genetic conditions	x	x	x	x
15. Subspecialty genetics	x	x	x	x
16. Genetic counselling	x	x	x	X
17. Metabolic genetics	X	X	X	x

Professional experience

These requirements can be completed in any sequence over the course of training.

Professional experience
Complete at least 36 months of relevant professional experience in approved rotations.
Location of training
• Recommend complete training in at least 2 different accredited training settings (experiences in Adult Internal Medicine and Paediatrics & Child Health positions can be considered as distinct settings). • Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
Experiential training
36 months of certified training time consisting of: **For general clinical genetics:** • minimum 30 months FTE in core general clinical genetics training • maximum 6 months FTE in non-core training. **For metabolic genetics:** • minimum 24 months FTE in core metabolic genetics training • minimum 12 months FTE in core general clinical genetics training. **For cancer genetics:** • minimum 18 months FTE in core cancer genetics training • minimum 12 months FTE in core general clinical genetics training • maximum 6 months FTE in non-core training All trainees are required to complete laboratory experience once over the course of their training, during either core or non-core training time, through 1 of the following options: ○ 3- to 6-month laboratory position; or ○ a series of laboratory rotations, including: ▪ 1 week in a cytogenetics diagnostic laboratory ▪ 1 week in a biochemical genetics laboratory ▪ 2 weeks in a diagnostic molecular laboratory.

Rotation plan

Requirement
1 x rotation plan per rotation.
Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.

Purpose

The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.

How to complete it

Trainees can submit a rotation plan in TMP under the training plan tab.

Trainees undertaking their first rotation of their training program must select the checkbox labelled 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.

If a trainee is expecting a learning goal to be covered during a rotation, they must select 'yes' for 'coverage offered', and outline the learning opportunities available. See this completed rotation plan for examples of the learning opportunities that may be available for each learning goal.

This information will be used by supervisors and overseeing RACP training committee members to determine the relevance of the rotation to the program's professional experience requirements.

Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular / weekly activities the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests.

Trainees need to nominate their rotation supervisors in the plan, and they will need to approve the plan in TMP via 'my assigned actions'.

For more information on how to complete a rotation plan review the training resources.

Due dates

28 February for rotations in the first half or whole of the year.

31 August for rotations in the second half of the year.

University genetics course

Requirement
1 x approved university genetics course, completed by the end of Advanced Training.
Description
Approved university genetics course should cover: • segregation analysis • statistical approaches to risk interpretation • cytogenetics • molecular genetics • community genetics, including principles and practice of screening • developmental genetics • examples of common clinical syndromes.
Purpose
Clinical genetics has a very substantial new scientific body of understanding and information, and completing this course while embarking on training in the discipline of clinical genetics will provide the basic background language needed to translate the practice of clinical genetics.
How to complete it
Trainees are expected to complete and pass an approved university genetics course during, or within 3 years before, attainment of their advanced training in clinical genetics. Approved courses include: • Harvard Medical School Genetics Fundamentals • GMED5001: Genomics in Clinical Practice Trainees are to submit evidence of the course completion into TMP.

Logbook

Requirement
1 x logbook, completed by the end of Advanced Training.
Description
The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences.
How to complete it
Trainees can use the logbook template to record data and reflect on workplace experiences. The logbook can be submitted via TMP under the assessment requirements tab.

Case report

Requirement
2 x case report(s), by the end of each phase.
Purpose
A case report is a learning activity that demonstrates the trainee's approach to a complex clinical or patient situation, including their clinical reasoning and evaluation skills, diagnostic process, management approach, and genetic counselling. Through the development of a case report, trainees gain experience in incorporating an evidence-based approach to medicine using scientific writing skills, and develop and reflect on counselling approaches.
Description
In a case report, trainees will: • develop a clinical question which requires an answer to inform the diagnosis, management, and counselling of a patient • research and critically appraise evidence related to the patient condition or situation • apply relevant evidence to the patient case, diagnosis, or situation, which helps to validate their approach and decisions • explore counselling issues and describe strategies to address these • include a reflection to enable examination of the trainee's own responses to the case, and develop a critical and personal appraisal of the issues discussed.
How to complete it
Trainees are required to submit their case reports for review. Case reports will be reviewed by 2 markers who are Fellows of the RACP in clinical genetics. The case report coversheet should be completed and uploaded into TMP. For more information on how to complete a case report, review the training resources.
Resources
Case report coversheet Case report review sheet (for TPC use)

Courses

RACP Advanced Training Orientation resource

Requirement
1 x RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.
Description
This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, training and assessment, and trainee support. It is a 'one-stop shop' that trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them. Estimated completion time: 1–1.5 hours.
Purpose
The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician.
How to complete it
Trainees can complete the Advanced Training Orientation resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Supervisor Professional Development Program

Requirement
1 x RACP Supervisor Professional Development Program (SPDP), consisting of 3 workshops, completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops: • Practical Skills for Supervisors • Teaching and Learning in Healthcare Settings • Work-based learning and assessment. See the Supervisor Professional Development Program for more information.
Purpose
This requirement aims to prepare trainees for a supervisory / educator role in the workplace, and supports trainees' learning aligned with the 'team leadership' and 'supervision and teaching' learning goals.
How to complete it
Register for a supervisor workshop.

Trainees can complete the SPDP in 3 ways:

- virtual workshops
- face-to-face workshops
- online courses.

Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

RACP Australian Aboriginal, Torres Strait Islander, and Māori Cultural Competence and Cultural Safety resource

Requirement

1 x Australian Aboriginal, Torres Strait Islander, and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training.

Trainees must complete the resource by the end of their Advanced Training. Completion is recommended before the specialty consolidation phase.

Description

The Australian Aboriginal, Torres Strait Islander, and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander, and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice.

Estimated completion time: 2 hours.

Purpose

This resource supports trainees' learning aligned with the 'professional behaviours' learning goal. Specialist training requires trainees to:

- examine their own implicit biases
- be mindful of power differentials
- develop reflective practice
- undertake transformative unlearning
- contribute to a decolonisation of health services for Indigenous peoples.

How to complete it

Trainees can complete the Australian Aboriginal, Torres Strait Islander, and Māori Cultural Competence and Cultural Safety resource on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource.

Completion of this requirement will automatically update in TMP.

RACP Health Policy, Systems, and Advocacy resource

Requirement
1 x RACP Health Policy, Systems, and Advocacy resource, completed by the end of Advanced Training.
Description
This resource has been designed for Advanced Trainees as an introduction to health policy, systems, and advocacy. Estimated completion time: 5 hours.
Purpose
The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.
How to complete it
Trainees can complete the RACP Health Policy, Systems, and Advocacy resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

Recommended resources

- RACP Communication Skills resource
- RACP Ethics resource
- RACP Introduction to Leadership, Management, and Teamwork resource
- RACP Research Projects resource
- RACP eLearning resources
- RACP curated collections

Teaching

Supervision

Rotation supervisors

Core training

- 2 individuals for the role of Rotation Supervisor per rotation, including:
  - **minimum of 1** supervisor per rotation who is a Fellow of the RACP in clinical genetics.

Non-core training

- 2 individuals for the role of Education Supervisor per rotation, including:
  - **minimum of 1** supervisor per rotation who is a Fellow of the RACP in clinical genetics or an individual with equivalent physician accreditation (i.e., a Fellow of another College e.g., Royal Colleges of Physicians, Board certified clinical geneticist).

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their rotation plan. Trainees are required to nominate eligible supervisors who meet the above requirements.

A list of eligible supervisors can be found on MyRACP. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can contact the RACP to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Nominations are recommended before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

	Assessment tools				
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Case report**	**Research project**
1. Professional behaviours	Could assess	Could assess	Will assess	Could assess	Will assess
2. Team leadership	Could assess	Could assess	Will assess	Could assess	x
3. Supervision and teaching	Could assess	Could assess	Will assess	Could assess	x
4. Quality improvement	Could assess	Could assess	Will assess	Could assess	Could assess
5. Clinical assessment and management	Could assess	Could assess	Will assess	Could assess	x
6. Management of transitions in care	Could assess	Could assess	Will assess	Could assess	x
7. Longitudinal care	Could assess	Could assess	Will assess	Could assess	x
8. Communication with patients	Could assess	Could assess	Will assess	Could assess	x
9. Investigations	Could assess	Could assess	Will assess	Could assess	x
10. Clinic management	Could assess	Could assess	Will assess	Could assess	x
11. Clinical sciences	Could assess	Could assess	Will assess	Could assess	Could assess
12. Laboratory-based clinical genomics	Could assess	Could assess	Will assess	Could assess	Could assess

	Assessment tools				
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Case report**	**Research project**
13. Cancer genetics	Could assess	Could assess	Will assess	Could assess	Could assess
14. Common adult and paediatric genetic conditions	Could assess	Could assess	Will assess	Could assess	Could assess
15. Subspecialty genetics	Could assess	Could assess	Will assess	Could assess	Could assess
16. Genetic counselling	Could assess	Could assess	Will assess	Could assess	Could assess
17. Metabolic genetics	Could assess	Could assess	Will assess	Could assess	Could assess

Learning capture

Requirement
12 x learning captures per phase of training; minimum 1 per month. *Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).*
Description
The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals.
Purpose
The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.
How to complete it
The learning capture is completed via TMP under the 'assessment requirements' tab. For more information on how to complete a learning capture, review the training resources.

Observation capture

Requirement
12 x observation captures per phase of training; minimum 1 per month. *Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).*
Description
An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations while assessors observe and evaluate performance.
Purpose
The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.
How to complete it
Observation captures are completed via TMP under the 'assessment requirements' tab. For more information on how to complete an observation capture review the training resources.

Progress report

Requirement

4 x progress reports per phase of training; minimum 1 every 3 months.

Refer to RACP Flexible Training Policy for information on part-time training (item 4.2).

Description

A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.

Purpose

Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.

How to complete it

Progress reports are completed via TMP under the assessment requirements tab.

Trainees must:

- self-assess against the program's learning goals
- record any leave taken during the covered training period
- provide summary comments about the rotation.

For more information on how to complete a progress report, review the training resources.

Research project

Requirement

1 x research project over the course of Advanced Training.

Description

The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.

Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.

The following are the 3 research project types that will be accepted:

- research in:
  - human subjects, populations and communities, and laboratory research
  - epidemiology
  - education
  - leadership
  - medical humanities
  - areas of study which can be applied to care of patients or populations
- audit
- systematic review.

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

The research project is marked by the training committee as pass, fail or resubmit, and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

Purpose

The research project enables trainees to gain experience in research methods and interpretation of research literature, to participate in research at some stage of their career, and to develop quality improvement skills.

Submission of a research project provides evidence of:

- the skills of considering and defining research problems
- the systematic acquisition, analysis, synthesis, and interpretation of data
- effective written communication.

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines. It can be submitted via TMP under the 'assessment requirements' tab.

There are 3 deadlines that must be followed when submitting an Advanced Training Research Project. Trainees can choose to submit their research project on any of these dates during the year.

Deadlines: 31 March, 15 June, or 15 September.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities

• Maintain employment in accredited and/or approved training settings in accordance with training program requirements.
• Act as a self-directed learner:
  ○ be aware of the educational requirements outlined in the relevant curricula and education policies
  ○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues
  ○ plan, reflect on, and manage learning and progression against the curricula standards
  ○ adhere to the deadlines for requirements of the training program.
• Actively participate in accreditation activities undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities

• Be aware of the educational requirements outlined in the relevant curricula and education policies.
• Oversee and support the progression of Advanced Trainees within the setting:
  ○ assist trainees to plan their learning during the rotation
  ○ support colleagues to complete observation captures with trainees
  ○ provide feedback to trainees through progress reports.
• Actively participate in accreditation activities undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role
An assessor provides feedback to trainees via the observation capture or learning capture tool. This may include consultants and other medical professionals, allied

health professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

Responsibilities

- Be aware of the learning goals of the training program.
- Provide feedback to support the progression of Advanced Trainees within the setting:
  - complete observation captures
  - provide feedback on learning captures as required.

Progress Review Panel

Role

A Progress Review Panel is a group convened to meet and make evidence-based decisions on trainees' progression through training.

Progress Review Panels ensure the integrity and transparency of progression and completion decisions related to Basic and Advanced Trainees.

Panels are considered experts in the training program, including the curriculum standards, requirements, and administration of the program.

Responsibilities

- **Make decisions on progression** for all trainees in a training program. The panel will assess if trainees have met or are on track to meet the expected standard for their phase of training, including the completion of learning, teaching and assessment requirements.
- **Manage trainee conditions to enable trainees to progress** by reviewing trainee performance. Where required, panels will set conditions for trainees to meet, with the goal of helping trainees achieve the program learning goals and progression or completion criteria.

Types of Progress Review Panels

There are 2 types of RACP Progress Review Panels.

- **Primary panel:** A primary Progress Review Panel is an RACP committee supported by an RACP staff member. Primary panels are existing Training Program Committees / Subcommittees and will have Progress Review Panel functions included as part of their operations and delegations.
- **Secondary panel:** These are local panels typically set up within a specific training setting, network, or geographic area. These panels will make progression decisions on behalf of the Training Program Committee and manage conditions placed on trainees.

Trainees will be able to review the panels they are assigned to in the TMP.

Trainee progress decisions, conditions and feedback

- Panels will monitor and review trainee progress and make a phase progression decision.
- Panels may add training conditions that trainees need to meet to progress in training or during their next phase of training.

Trainees will be able to view progression decisions, conditions, and panel feedback on the trainee progress tab in TMP.

RACP oversight committees

Role

RACP oversight committees are RACP-administered committees with oversight of the Advanced Training Program in Australia and Aotearoa New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.

Responsibilities

- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
    - Manage and contribute to the review of program requirements, accreditation requirements, and supervision requirements.
    - Monitor implementation of training program requirements.
    - Implement RACP education policy.
    - Oversee trainees' progression through the training program.
    - Monitor the accreditation of training settings.
    - Case manage trainees on the Training Support pathway.
    - Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
- Work collaboratively with secondary Progress Review Panels, where applicable to ensure the delivery of quality training.
- Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.
- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

Resources

See RACP Online Learning for new curricula training and support resources.

For trainees

- Education policies
- Trainee support
- Trainee responsibilities
- Accredited settings
- Training fees

For supervisors

- Supervisor Professional Development Program
- RACP Research Supervision resource
- RACP Training Support resource
- RACP Creating a Safe Workplace resource